

The journal of the Institute of Medical Ethics

The *Journal of Medical Ethics* was established in 1975, with a multidisciplinary editorial board, to promote the study of contemporary medico-moral problems. The editorial board has as its aims the encouragement of a high academic standard for this ever-developing subject and the enhancement of professional and public discussion. The journal is published quarterly and includes papers on all aspects of health care ethics, analyses ethical concepts and theories and features case conferences and comment on clinical practice. Intermittent series focus on the **Teaching of medical ethics**; on the medico-moral problems directly experienced by health care workers (**At the coalface**); on the pursuit of arguments prompted by papers in the journal (**Debate**); on medical ethics in literature (**Medical ethics and literature**); and on briefly argued often unorthodox opinions related to medical ethics (**Point of view**). The journal also contains book reviews and letters.

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responsible for nothing but the patents. Patent offices are not responsible for ethical aspects but only for the protection of intellectual and industrial properties.

Human bioethics is involved in the two other categories, science and technology on the one hand and use and commercialization on the other. Science and technology cannot be developed solely as the province of science and ingenuity. While scientists are responsible for the development of science if they seem to push their ideas forward too far, society must – and will – point this out to them. The control of financing is one useful means of doing this. Thus, an ethical way of thinking is necessary for science and scientists as well as for engineers.

Utility should not be limited to utilitarianism and the use of the results and products of science and technology should more and more be controlled by

society. This is the role of national laws or national guidelines, taking into account social and cultural norms. But these national processes have to respect general bioethical principles, internationally accepted and related to fundamental human value.

Today, advances in science and medicine make it necessary to lay the foundations for a new social contract; failure to do so will not only undermine the relationship of trust between doctor and patient, between scientists and public perception of science but, more broadly, between individuals and society. Any such failure might thus seriously undermine the very society in which we live and lead to conflicts whose consequences are alarmingly unpredictable.

Alain Pompidou, MD, PhD, is Professor at the René Descartes University in Paris and a member of the European Parliament.

News and notes

European Bioethics Seminar

The title of the fourth European Bioethics Seminar is Health Care Issues in Pluralistic Societies. The seminar will be held from 7–11 August 1995, in Nijmegen, the Netherlands.

It will be conducted by scholars from a number of European nations. Special attention will be given to European traditions in health care ethics. The seminar is designed (1) to provide the participants with both a theoretical and practical understanding of contemporary and pressing issues in bioethics and (2) to educate the participants on a range of topics and problems that are the focus of current debates, both within health care institutions and in society at large.

Lectures and discussion groups will be designed to attend to five principal topics: (1) Foundation and History of Bioethics; (2) The Person: Procreation and Reproduction; (3) The Person: Suffering and Death; (4) Person and Community,

and (5) The Human Body. All lectures and parallel sessions will be conducted in English.

The seminar is primarily directed to health care providers (for example, physicians, dentists, nurses, health lawyers, hospital administrators, bioethics committee members), and teachers in the areas of ethics, philosophy and theology. Senior students undertaking courses of study in the health professions are also invited to participate.

The fee is 900 DFL (approximately 420 ECU, 515 US\$ or 51,500 Japanese yen). The fee includes tuition, course materials, lunches, two dinners, and refreshments.

For information and application forms please contact: Mrs J C M Felet-de Haard, Department of Ethics, Philosophy and History of Medicine, Catholic University of Nijmegen, PO Box 9101, 6500 HB Nijmegen, the Netherlands. Tel. [31] (0)80-615320. Fax [31] (0)80-540254.

comparative judgment to the absolute judgment that a life is not worth living at all (a judgment that never appears in any connection with my use of the broken leg analogy). How we answer the ethical issues depends on our views about the status of the child, or the fetus, or the as-yet-unconceived possible child. We might well have different views about each of these cases, and these views may lead to complex and intricate debates about whether it is a good thing, other things being equal, to bring a being into existence (7). On these separate questions I have different arguments, which are developed in the books to which I have already referred. Sundström is, like anyone else, entitled to try to find flaws in these arguments. But he does not do so. Instead he makes out that their conclusions rest on a trifling analogy, made in an essay written for an entirely different purpose. He examines the broken leg in such detail, that he fails to notice that the leg belongs to a straw man he has himself created.

Peter Singer is Deputy Director of the Centre for Human Bioethics at Monash University, Clayton, Victoria, Australia.

References and notes

- (1) Perhaps the most forceful exponent of these views is the leader of the militant German 'Cripple Movement', Franz Cristoph. See his *Todlicher Zeit geist*, Cologne, Kiepenheuer und Witsch, 1990.
- (2) Singer P. On being silenced in Germany. *The New York review of books*. 1991; 38, 14: 34-40.
- (3) Hare R M [letter]. *Die Zeit* 1989 Aug 11.
- (4) Singer P. *Practical ethics*. Cambridge: Cambridge University Press, 1979.
- (5) Singer P, Kuhse H. *Should the baby live?* Oxford: Oxford University Press, 1985.
- (6) Sundström P. Debate: Peter Singer and 'lives not worth living' – comments on a flawed argument from analogy. *Journal of medical ethics* 1995; 21: 35-38.
- (7) Anyone in doubt about how complex some of these questions are should turn to part IV of Derek Parfit's *Reasons and persons*, Oxford: Clarendon Press, 1984.

News and notes

Mentoring and Teaching Research Ethics

Stephanie J Bird, who oversaw the Association for Women in Science's 'Mentoring Project', will address a seminar on 'Mentoring and Teaching Research Ethics' on 26 May at Indiana University in Bloomington. The Friday seminar, scheduled from 10 am to 2 pm, is open to the academic public. A \$10 fee – waived for Indiana University faculty, staff and students – covers lunch.

Pre-registration is **required by 15 April**. For more information and registration forms, contact Kenneth D Pimple, TRE Project Director, The Poynter Centre, 410 N Park Avenue, Bloomington, IN 47405. Phone: 812/855-0261. Fax: 812/855-3315. Internet: PIMPLE@INDIANA.EDU. Bitnet: PIMPLE@INDIANA.BITNET.

References

- (1) Caplan A L. Can applied ethics be effective in health care and should it strive to be? *Ethics* 1983; 93: 311–319.
- (2) Pellegrino E. Clinical ethics: biomedical ethics at the bedside. *Journal of the American Medical Association* 1988; 260: 837–839.
- (3) Pellegrino E D, Siegler M, Singer P A. Teaching clinical ethics. *Journal of clinical ethics* 1990; 1: 175–180.
- (4) Mitchell K R, Myser C, Lovat T. Teaching bioethics to medical students: the Newcastle experience. *Medical education* 1992; 26: 290–300.
- (5) Danner Clouser K, Gert B. A critique of principlism. *The journal of medicine and philosophy* 1990; 15: 219–237.
- (6) Hoffmaster B, Freedman B, Fraser G, eds. *Clinical ethics theory and practice*. New Jersey: Humana Press, 1989.
- (7) Hoffmaster B. Philosophical ethics and practical ethics: never the twain shall meet. See reference (6): 201–230.
- (8) Veatch R M. Clinical ethics, applied ethics, and theory. See reference (6): 7–25.
- (9) Noble C N. Ethics and experts. *Hastings Center report* 1982; 12: 7–9.
- (10) Danner Clouser K. Ethical theory and applied ethics: reflections on connections. See reference (6): 161–181.
- (11) Macklin R. Ethical theory and applied ethics: a reply to the skeptics. See reference (6): 101–124.
- (12) Beauchamp T L, Childress J F. *Principles of biomedical ethics* [3rd ed]. New York: Oxford University Press, 1989.
- (13) Caplan A L. Ethical engineers need not apply: the state of applied ethics today. *Science technology and human values* 1980; 6: 24–32.
- (14) Caplan A L. Moral experts and moral expertise. See reference (6): 59–87.
- (15) Siegler M, Pellegrino E D, Singer P A. Clinical medical ethics. *Journal of clinical ethics* 1990; 1: 5–9.
- (16) Rodeheffer J K. Practical reasoning in medicine and the rise of clinical ethics. *Journal of clinical ethics* 1990; 1: 187–192.
- (17) Solomon M Z, Jennings B, Guilfooy V, et al. Toward an expanded vision of clinical ethics education: from the individual to the institution. *Kennedy Institute of Ethics journal* 1991; 2: 225–245.
- (18) La Puma J. Clinical ethics, mission and vision: practical wisdom in health care. *Hospital health service administration* 1990; 35: 321–326.
- (19) Culver C M, Danner Clouser K, Gert B, et al. Basic curricular goals in medical ethics. *New England journal of medicine* 1985; 312: 253–256.
- (20) Mitchell K R, Myser C, Kerridge I H. Assessing the clinical ethical competence of undergraduate medical students. *Journal of medical ethics* 1993; 19: 230–236.
- (21) See reference (12): 17–21.
- (22) Rhoden N K. Treating Baby Doe: the ethics of uncertainty. *Hastings Center report* 1986; 16: 34–42.
- (23) Veach R M. Technical criteria fallacy. *Hastings Center report* 1977; 7: 15–16.
- (24) Veatch R M, Moreno J D, eds. Consensus in panels and committees: conceptual and ethical issues. *Journal of medicine and philosophy* 1991; 16: 371–463.
- (25) Myser C, Kerridge I H, Mitchell K R. Using 'the clinical ethics written case report' to assess clinical ethics as a professional skill. *Medical education* (submitted for publication).

News and notes

Religious perspectives on bioethics

Part 2 of the two-part Scope Note, *Religious Perspectives on Bioethics*, has just been published by the National Reference Center for Bioethics Literature. Providing bibliographic citations to literature about the divergent attitudes religion can bring to bioethical issues, the 22-page document includes the views of Native American religious traditions, Protestantism, and Roman Catholicism.

Scope Note 26 is a follow-up to Scope Note 25,

which alphabetically presented African religious traditions, Baha'i Faith, Buddhism and Confucianism, Eastern Orthodoxy, Hinduism, Islam, Jainism, and Judaism.

Separate reprints of Scope Notes 25 and 26 are available from the National Reference Center for Bioethics Literature, Kennedy Institute of Ethics, Georgetown University, Washington, DC 20057-1065, for \$5 each, prepaid (\$8 overseas airmail).

is hard work. It may be that the philosophical work is the more accessible of the two, for if the account I have given above is anywhere close to being right the ethics textbook should be putting into words what, when thus prompted, is familiar to us in experience.

Philosophical reflection has a theoretical rather than a practical aim, though the distinction between theory and practice is another which cannot be drawn as neatly as we might sometimes wish. We reflect in order to understand what is going on, but understanding what is going on has practical value too in so far as understanding a problem is a part – sometimes the main part – of finding a practical solution for it. So if medical ethics involves not just thinking seriously but thinking philosophically about moral issues in medicine, philosophical doctrines will have a relevance not just where they make a difference to what people do but more generally where they make a difference in understanding what is at stake.

Medical ethics includes a measure of reflection. Among the concepts which may merit reflection are a galaxy of moral concepts: duty, rights, justice, the sanctity of life, non-maleficence, and many more.

But there are also many non-moral concepts, such as person, death, competence, delusion, coercion, which merit as much serious attention. The philosophical theories and doctrines through which these reflections are expressed embrace metaphysics as well as ethics. Both may have a contribution to make to medical ethics, and so we cannot keep metaphysics out of medical ethics for much the same reason we cannot keep (philosophical) ethics out of it. But we can make sure, that is try to make sure, that it helps.

Chris Parkin, BAHons, MA, is Reader in Philosophy at the Victoria University of Wellington and at the Wellington School of Medicine, Wellington, New Zealand.

Reference

- (1) Leavitt F. Let's keep metaphysics out of medical ethics: a critique of Poplawski and Gillett. *Journal of medical ethics* 1992; 18: 206–209. All the quotations in my text are from Leavitt's essay and are acknowledged by a page number in parentheses.

News and notes

Caring for Survivors of Torture

The seventh international symposium on 'Caring for Survivors of Torture: Challenges for the Medical and Health Professions' will be held in Cape Town, South Africa from 15–17 November 1995.

The conference is being organised by the International Rehabilitation Council for Torture Victims (Copenhagen) and the Trauma Centre for Victims of Violence and Torture (Cape Town). The plenary sessions, workshops, panel discussions, and seminars will focus on the following topics: 1. Diagnosis and treatment of physical sequelae of torture; 2. Diagnosis and treatment of psychological sequelae of torture; 3. Family and community approaches to the provision of health services for torture survivors; 4. International action towards the rehabilitation of torture survivors; 5. Experiences of health workers with torture and rehabilitation in African countries; 6.

Experiences of health workers with torture and rehabilitation in the rest of the world; 7. Health perspectives on truth-telling, reconciliation, and impunity for survivors of human rights violations; 8. Torture, ethics, and the health professions; 9. The prevention of torture: methods of training and educating health professionals; and 10. The social psychology of state-sponsored violence: do we treat perpetrators?

For further information contact either: International Rehabilitation Council for Torture Victims (IRCT), Borgergade 13, PO Box 2107, DK-1014 Copenhagen, Denmark. Tel: (45) 33-76-0600, fax: (45) 33-76-0500, or the Trauma Centre for Victims of Violence and Torture, Cowley House, 126 Chapel Street, Cape Town 8001, South Africa. Tel: (27) 21 45 7373, fax: (27) 21 462-3143.

Legalization, and finally John Keown reflects upon the Dutch experience, concluding that the legal and medical criteria for in Holland 'would not appear to constitute an effective safeguard against the practice of non-voluntary and involuntary euthanasia'.

Overall this volume is a valuable contribution to the debate about euthanasia. Both the 1982 report and the 1993 submission contain powerful arguments against legalising euthanasia and, whilst representing a particular perspective, are valuable resources for all who seek to inform themselves on this controversial and important issue.

DR KRISTINA STERN

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Advance directives and the pursuit of death with dignity

Norman L Cantor, Bloomington and Indianapolis, Indiana University Press, 1993, 209 pages, £22.50

This book, by a distinguished American lawyer, is a welcome addition to the growing literature on end-of-life issues. At one level it is a well-articulated polemic for its author's convictions: the desirability of written advance instructions about one's wishes, coupled with the appointment of an agent to interpret them and ensure their implementation. Although we are told that in a pluralistic society there are almost no moral precepts, Cantor's essay is an exploration and defence of 'prospective autonomy'. This, at least, a pluralistic society should, he thinks, accept. But it would be unfair to represent his book as a campaign for it is also a wideranging survey of legal, moral and practical

issues. As such, it deserves to be read by anyone with an interest in terminal care.

Cantor sees the best legal realisation of his convictions in the Advance Directives for Health Care Act (1991) adopted in New Jersey. Accordingly, a chapter is devoted to this legislation and the New Jersey Bioethics Commission's Combined Health Advance Directive (AD) is printed as one of the valuable appendices. Individual documents are likely to have a low take-up and the case is argued for a standard format. Even here he concedes that the problems arising from a conflict of the incompetent patient's contemporaneous well-being and the advance instructions cannot be definitely resolved. His fear is that unless such legislation can be made to work pressure for euthanasia and assisted suicide will increase – perhaps a bad thing, although he never actually says so.

The difficulty with all this, as he concedes, is the reluctance most of us have to confront our own mortality. How many readers of this review have written an AD? Even in the USA, the *best* estimates are 5–25 per cent, mostly in inadequate short-form formats. The AD is likely to remain a minority interest and even if its operation were problem-free, it is hard to see how it would prevent 'reliance from prior general interactions' that seem to Cantor 'quite unsound'. If an AD is really necessary to secure 'a modicum of dignity in the dying process', the prospects for many of us are unappealing. But is it necessary? The link made in the book's title needs a fuller exploration.

The differences between states and between state and federal law become apparent early in the book, illustrated by the Cruzan case. Cantor goes on to discuss statutory frameworks, their drafting and interpretation. He suggests that a health care provider should, and could, be compelled to violate his or her conscience where

alternative arrangements to accommodate the patient could not be made. This is highlighted in his resolution of five scenarios. If the doctors won't implement the AD, why not 'sue them to hell'? To this we have the lame reply that litigation would probably be expensive, exhausting and frustrating. I thought this a weakness. In his highly individualistic emphasis on autonomy, Cantor fails to explore adequately the effects of one person's decisions on others. Families and doctors have their own moral positions that may go beyond an emotional inability to cope with prospective death or 'good medical practice'. Nurses in particular often express strong views about withdrawal of nutrition. This deserves a fuller moral analysis than we are offered. But these are minor points. Cantor writes clearly and avoids excessive repetition. I warmly recommend his book.

JOHN SAUNDERS

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If you wish to order or require further information regarding the titles reviewed here, please write to or telephone the BMJ Bookshop, PO Box 295, London WC1H 9JR. Tel: 071 383 6244. Fax: 071 383 6662. Books are supplied post free in the UK and for BFPO addresses. Overseas customers should add 15 per cent for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank or by credit card (Mastercard, Visa, or American Express, stating card number, expiry date, and full name (The price and availability are occasionally subject to revision by the publishers).

Notice for contributors to the Journal of Medical Ethics

Submitting manuscripts for publication

Four copies of papers submitted for publication should be sent to: The Editor, *Journal of Medical Ethics*, 14 Prince's Gate, London SW7 1NA. Rejected manuscripts are not returned unless accompanied by an adequately stamped addressed envelope, or international reply coupon. Papers, including references, should be in double-spaced typewriting on one side of the paper only. An approximate total word-count is required. On a separate sheet brief details of the author's present post, an address for readers' correspondence and any other relevant information should be supplied.

The *JME* uses a simplified 'Vancouver style' for references. The full text of the 'Vancouver Agreement' was published in the *British medical journal* in 1988; Volume 296; 401-405. As the 'Vancouver style' is incompatible with the long established style of references for legal articles, lawyers should use their own standard style, but avoid abbreviations so as to facilitate reference by others. The journal is multi-disciplinary and papers should be in clear jargon-free English, accessible to any intelligent reader.

Authors are asked to avoid footnotes wherever possible. Articles for the journal should be between 600 and 3500 words in length except book reviews which should be between 300 and 1200 words. Abbreviations should be avoided. The names of journals, organisations etc should be given in full.

Two copies of the journal will be sent to authors free of charge after their papers are published. Offprints of individual papers may be bought from The Publisher, Journal of Medical Ethics, BMJ Publishing Dept., BMA House, Tavistock Square, London WC1H 9JR.

Simplified 'Vancouver style'

All papers submitted for publication should contain the following:

- 1 On page one of the manuscript there should be:
 - a) the title of the article which should be concise but informative and designed

to attract the reader. The Editor reserves the right to change titles to achieve these ends.

- b) names, initials and academic degrees (if any) of author or authors
 - c) names of department(s) and institution(s) to which the work should be attributed, if any
 - d) disclaimers, if any
 - e) source(s) of support, if any.
- 2 On page two there should be:
 - a) an *interesting* abstract or summary of not more than 150 words. Emphasise important and/or new aspects of the article to attract the potential reader.
 - b) key (indexing) terms - below the abstract. Provide and identify as such, three to six key words or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract.

Where appropriate, use terms from the Medical Subject Headings List from *INDEX Medicus*.

- 3 Acknowledgements:

Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from every one acknowledged by name because readers may infer the latter's endorsement of data and conclusions.
- 4 References:

Number these consecutively in the order in which they are first mentioned in the text, tables, and captions, by arabic numerals (in parenthesis). The list of references at the end of the paper should be numbered in the order in which each reference appears in the text. Try to avoid using abstracts as references. 'Unpublished observations' and 'personal communications' may not be used as references, although references to written, not verbal, communications may be inserted (in parenthesis) in the text. Manuscripts accepted but not yet published may be used as references - designate the journal followed by 'in press' (in parenthesis). Information from manuscripts submitted but not accepted should be cited in the text as 'unpublished observations' (in parenthesis).

References must be verified by the author(s) against the original documents.

The following scheme, a simplification of the 'Vancouver style' for biomedical journals, should be followed for each reference: in the text - number (in parentheses); in the list - author (list all authors if six or less; if seven or more, list only the first three and add '*et al*'), title, name of publication if different from title; place of publication and publisher (where appropriate); year of publication; and, where appropriate, volume, number and page references of article or chapter referred to. Examples of correct forms of reference are given below:

- a) Standard journal article:
 - (1) Paul E F Paul J. Self-ownership, abortion and infanticide. *Journal of medical ethics* 1979; 5: 133-138.
- b) Corporate author:
 - (2) Conference of Royal Colleges and Faculties of the United Kingdom. Diagnosis of brain death. *Lancet* 1976; 2: 1060-1070.
- c) No author given:
 - (3) Anonymous. On telling dying patients the truth [editorial]. *Journal of medical ethics* 1982; 8: 117-119.
- d) Personal author(s):
 - (4) Hick J. *Death and eternal life*. Glasgow and London: Collins, 1976.
- e) Editor, compiler, chairman as author:
 - (5) Phillips C E, Wolfe J N, eds. *Clinical practice and economics*. Tunbridge Wells: Pitman Medical, 1977.
- f) Chapter in book:
 - (6) Armstrong C N. Intersexuality in man. In: Armstrong C N, Marshall A J, eds. *Intersexuality in vertebrates including man*. London: Academic Press, 1964: 349-352.
- g) Agency publication:
 - (7) The Linacre Centre for the Study of Ethics and Health Care. Paper 1: The principle of respect for human life. In: *Prolongation of life*. London: The Linacre Centre for the Study of Ethics and Health Care, 1978.
- h) Newspaper article:
 - (8) Dinwoodie R. Volunteers die as heart drug results baffle doctors. *The Scotsman* 1980 Sept 5: 11 (cols 1-6)
- i) Magazine article:
 - (9) James J. Homoeopathy - the treatment of like with like. *The Listener* 1980 Aug 21: 234-236.

The Institute of Medical Ethics: working parties and medical groups

Working parties

The institute currently has two working parties, one on the ethics of prolonging life and assisting death and the other on the ethical implications of AIDS. The working party on the ethics of prolonging life and assisting death has produced two discussion papers: Assisted death, *Lancet* 1990; 336: 610-613; and Withdrawal of life support from patients in a persistent vegetative state, *Lancet* 1991; 337: 96-98.

The working party on the ethical implications of AIDS has produced four discussion papers: HIV infection: the ethics of anonymised testing and testing pregnant women, *Journal of medical ethics* 1990; 16: 173-178; AIDS and the ethics of clinical care and treatment, *Quarterly journal of medicine* 1992; 302: 419-426; AIDS, ethics and clinical trials, *British medical journal* 1992; 305: 699-701, and

AIDS and the ethics of medical confidentiality, *Journal of medical ethics* 1992; 18: 173-179.

Each discussion paper was written on behalf of the relevant working party by the institute's Research Director, Kenneth Boyd.

Medical groups

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Dr M D McArthur, Department of Medicine for the Elderly, Wood End Hospital, Aberdeen AB9 2YS

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